

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000068056

1. Entity Name
BUBBA'S POOLS AND SPAS, INC.



Principal Place of Business
**6937 WAIKIKI RD.
JACKSONVILLE, FL 32216**

Mailing Address
**6937 WAIKIKI RD.
JACKSONVILLE, FL 32216**



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0944180

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, DEAN J
6937 WAIKIKI RD.
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, OLIVER J
STREET ADDRESS	121 BIG BUCK RD.
CITY - ST - ZIP	SALT SPRINGS, FL 32134
TITLE	V
NAME	JOHNSON, DEAN J
STREET ADDRESS	6937 WAIKIKI RD.
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	ST
NAME	CONE, DUSTY P
STREET ADDRESS	2696 PRIMEROSE CIRCLE
CITY - ST - ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000948373
06/02/08-80053-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-08

Date

9097244815

Daytime Phone #